ase:											
Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13											
	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12	Chapter you are filing under: ☑ Chapter 7 □ Chapter 11 □ Chapter 12	Chapter you are filing under: ☑ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Chapter 13	Chapter you are filing under: ☑ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Check if	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 Check if the	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 Check if this	Chapter you are filing under: ☑ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Check if this is	Chapter you are filing under: ☑ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Check if this is	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 Check if this is a	Chapter you are filing under: ☑ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Check if this is all	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 Check if this is an

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is	· Kristina	
government-issued pi	cture First Name	First Name
identification (for exar		
your driver's license o passport).	Middle Name	Middle Name
F	Henderson	
Bring your picture identification to your n	Last Name neeting	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you	Kristina	
have used in the last	8 First Name	First Name
years	Z.A.	
Include your married	Middle Name	Middle Name
Include your married of maiden names.	Hatch Hatch	
maiden names.	Last Name	Last Name
3. Only the last 4 digits	of	
your Social Security	xxx - xx - <u>8</u> <u>2</u> <u>0</u>	08 xxx - xx
number or federal Individual Taxpayer	OR	OR
Identification numbe (ITIN)	9xx - xx	9xx - xx

Del	btor 1 Kristina Z.A. Her	derson Ca	ase number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers	✓ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and	Business name	Business name
	doing business as names	Business name	Business name
		EIN — — — — — — — —	<u> </u>
		-	
5.	Where you live		If Debtor 2 lives at a different address:
		21151 Boquet Drive Number Street	Number Street
		Macomb MI 48044	
		City State ZIP Code Macomb	City State ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
		10645 Peerless	
		Number Street	Number Street
		P.O. Box	P.O. Box
		Detroit MI 48224 City State ZIP Code	City State ZIP Code
		<u>-</u>	
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	Part 2: Tell the Court	About Your Bankruptcy Case	
7.	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see Not for Bankruptcy (Form 2010)). Also, go to the top of p	ice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.
	are choosing to file under	✓ Chapter 7	
		Chapter 11	
		Chapter 12	
		Chapter 13	

Deb	tor 1 Kristina 2	Z.A. Henderson		C	ase nun	nber (if known) _	
8.	How you will pay	the fee 🔲	court for r	the entire fee when I file my petition more details about how you may pay. cash, cashier's check, or money order bur attorney may pay with a credit card	Typical . If your	ly, if you are pay r attorney is subr	ing the fee yourself, you may nitting your payment on your
				pay the fee in installments. If you can be seen in the filling Fee in Installment			and attach the Application for
			By law, a than 150% fee in inst	that my fee be waived (You may rejudge may, but is not required to, waith of the official poverty line that applied tallments). If you choose this option, the Waived (Official Form 103B) and file	ve your es to you you mus	fee, and may do ur family size and st fill out the Appl	so only if your income is less d you are unable to pay the
9.	Have you filed for		No				
	bankruptcy within last 8 years?	tne	Yes.				
		Dist	rict		When		Case number
		Dist					
		DIS	rict		When	MM / DD / YYYY	Case number
		Dist	rict		When	MM / DD / YYYY	Case number
10.	Are any bankruptcy		No			, 22,	
	cases pending or filed by a spouse		Yes.				
	not filing this case	e with Deb	tor			Relationsh	ip to you
	you, or by a busin partner, or by an						Case number,
	affiliate?				-	MM / DD / YYYY	if known
		Deb	tor			Relationsh	ip to you
		Dist	rict		When		Case number,
						MM / DD / YYYY	if known
11.	Do you rent your residence?			o to line 12. Is your landlord obtained an eviction j	udamen	t against vou?	
					- ug	ragamor your	
				Yes. Fill out Initial Statement Abou and file it as part of this bankruptcy		•	Against You (Form 101A)

Deb	tor 1 Kristina Z.A. Hende	rson		Case number ((if known)			
Pa	art 3: Report About Ar	າy Bເ	usine	sses You Own as a Sole Proprietor				
12.	Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as			Go to Part 4. Name and location of business Name of business, if any Number Street				
	a corporation, partnership, or LLC.							
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City Check the appropriate box to describe your business Health Care Business (as defined in 11 U.S.C. § Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A) Commodity Broker (as defined in 11 U.S.C. § 101 None of the above	§ 101(27A)) C. § 101(51B)) .))	ZIP Co	ode	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>	can mos	set ap st rece	filing under Chapter 11, the court must know whether y opropriate deadlines. If you indicate that you are a smant balance sheet, statement of operations, cash-flow st f these documents do not exist, follow the procedure in	all business de tatement, and f	btor, you federal in	must attach your come tax return	
	debtor?	$\overline{\checkmark}$	No.	I am not filing under Chapter 11.				
	For a definition of small business debtor, see		No.	I am filing under Chapter 11, but I am NOT a small but the Bankruptcy Code.	usiness debtor	accordin	ng to the definition	in
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chapter 11 and I am a small busines Bankruptcy Code.	ss debtor acco	rding to t	the definition in the	;
Pa	art 4: Report If You Ov	vn o	r Hav	e Any Hazardous Property or Any Propert	y That Nee	ds Imm	nediate Attenti	on
14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable			No Yes.	What is the hazard?				
	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property? Number Street				
				City	 ;	State	ZIP Code	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not require	d to receive a briefing about							
credit counseling because of:								
— Incompositor								

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Debtor 1 Kristina Z.A. Henderson Case number (if known)

P	art 6: Answer These Q	uest	ions for Reportin	g Purpos	ses			
16.	What kind of debts do you have?	16a	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17.					
		16b	Sb. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17.					
		16c	State the type of de	bts you ow	e that are not consumer or bu	sines	s debts.	
17.	Are you filing under Chapter 7?		No. I am not filing	under Chap	oter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	V	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses		☑ No					
	are paid that funds will be available for distribution to unsecured creditors?		Yes					
18.	How many creditors do	$\overline{\mathbf{V}}$	1-49		1,000-5,000		25,001-50,000	
	you estimate that you owe?		50-99 100-199 200-999		5,001-10,000 10,001-25,000		50,001-100,000 More than 100,000	
19.	How much do you estimate your assets to be worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.	How much do you estimate your liabilities to be?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

Debtor 1	Kristina Z.A. Henderson	Case number (if known)	

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Kristina Z.A. Henderson	X
Kristina Z.A. Henderson, Debtor 1	Signature of Debtor 2
Executed on 04/30/2019 MM / DD / YYYY	Executed on MM / DD / YYYY

Debtor 1 Kristina Z.A. Henderson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Stephen D. Parker	Da	te 04/30/2019
Signature of Attorney for Debtor		MM / DD / YYYY
Stephen D. Parker		
Printed name		
Parker Law Firm, PLLC		
Firm Name		
35 West Huron		
Number Street		
Suite 302		
Pontiac	MI	48342
City	State	ZIP Code
Contact phone (248) 977-3037	Email address <u>ste</u> r	ohen.parker.esq@gmail.com
209038	PA	
Bar number	State	

Fill in this i	information to id	entify your case	and this filing:		
Debtor 1	Kristina	Z.A.	Henderson		
Debior	First Name	Middle Name	Last Name		
Debtor 2	\ 				
(Spouse, if filin	ng) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for	the: EASTERN DIS	STRICT OF MICHIGAN		
Case number (if known)				☐ Check	if this is an
(II KIIOWII)				ameno	led filing
Official For	rm 1061/P				
Official For					40/45
Schedule	A/B: Property				12/15
sheet to this fo	orm. On the top of an	ny additional pages,	ring correct information. If more, write your name and case numb	per (if known). Answer eve	ery question.
r art ii	Describe Lacri Ke	saldence, Dunai	ing, Land, or Other Rear L3	tate 100 Own of flave	an interest in
		or equitable interes	st in any residence, building, land	I, or similar property?	
<u> </u>	Go to Part 2. Where is the property	2			
_			l af parties from Dant 4 in als	adia a ana	
	•	-	l of your entries from Part 1, inclurite that number here	_	\$0.00
David Ox.	D	. Interior			
Part 2:	Describe Your Ve	nicles			
-	· ·	•	in any vehicles, whether they are, also report it on Schedule G: Exec	_	•
3. Cars, vans	s, trucks, tractors, sp	oort utility vehicles,	motorcycles		
□ No					
✓ Yes					
3.1.			an interest in the property?	Do not deduct secured clai	
Make:	Chevrolet	Check on	ne. or 1 only	amount of any secured cla Creditors Who Have Claim	
Model:	Malibu		or 2 only	Current value of the	Current value of the
Year: Approximate mi	2013		or 1 and Debtor 2 only	entire property?	portion you own?
Other information	<u> </u>	At lea	ast one of the debtors and another	\$6,000.00	\$6,000.00
	et Malibu (approx.	· —	ck if this is community property instructions)		
4. Watercraft	•	•	r recreational vehicles, other veh aft, fishing vessels, snowmobiles, m		
✓ No ☐ Yes					
	-	-	I of your entries from Part 2, inclu		\$6,000.00

Debtor 1	Kristina Z.A. Henderson	Case number (if known)	
Part 3:	Describe Your Personal and Household Items		
	-		Current value of the

Do y	ou own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No ☑ Yes. Describe Debtor's Household Furniture	\$500.00
7.	Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No Yes. Describe 2 Flat Screen Televisons -\$400.0 1 Flat Screen Televisions \$300.00	\$700.00
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No ☐ Yes. Describe	
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes. Describe	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No Yes. Describe	
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No ☑ Yes. Describe Debtor's Clothing	\$300.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No ✓ Yes. Describe 1 Wedding Ring-\$500.00 1 Pandora Ring-\$100.00 1 Pandora Bracelet-\$100.00	\$700.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	✓ No Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No Yes. Give specific information	

Deb	tor 1	Kristina Z.A. He	nderson	Case number (if known)	
15.				entries from Part 3, including any entries for pages you have ber here	\$2,200.00
Pa	art 4:	Describe You	ır Finan	ncial Assets	
Doy	you own	or have any legal	or equita	ble interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have petition	e in your	wallet, in your home, in a safe deposit box, and on hand when you file your	
	□ No ☑ Yes				\$40.00
17.	•	_	es, and c	her financial accounts; certificates of deposit; shares in credit unions, other similar institutions. If you have multiple accounts with the same	
	□ No ☑ Yes			Institution name:	
	17.	Checking acc	ount:	First State Bank Checking account	\$0.00
	17.	2. Checking acc	ount:	Flag Star Bank Checking account	\$1.56
18.	Example	mutual funds, or pes: Bond funds, inv	-	raded stocks accounts with brokerage firms, money market accounts	
			Institutio	on or issuer name:	
19.		blicly traded stock est in an LLC, par		erests in incorporated and unincorporated businesses, including and joint venture	
	info	. Give specific rmation about n	Name o	f entity: % of ownership:	
20.	Governi Negotiai	ment and corporat	t e bonds ude pers	and other negotiable and non-negotiable instruments onal checks, cashiers' checks, promissory notes, and money orders. e you cannot transfer to someone by signing or delivering them.	
	info	. Give specific rmation about n	Issuer n	ame:	
21.		nent or pension ac es: Interests in IRA profit-sharing pl	, ERISA,	Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	
	ш	. List each ount separately.	Type of a	ccount: Institution name:	

Deb	tor 1	Kristina Z.A. Henderson	n	Case number (if known)		
22.	Your sh Example		ts ou have made so that you may continue service ds, prepaid rent, public utilities (electric, gas, wa		s	
	✓ No	S	Institution name or individual:			
23.	_		Institution name or individual: periodic payment of money to you, either for life	e or for a number of vea	rs)	
	✓ No	(communication of opening	, ponosio paymon en money to you, emice	o oo. aazo. o. yoa	,	
	_	s Issuer r				
24.		.C. §§ 530(b)(1), 529A(b), an	n account in a qualified ABLE program, or ur d 529(b)(1).	nder a qualified state tu	iition pro	ogram.
			on name and description. Separately file the rec	cords of any interests. 1	1 U.S.C.	§ 521(c)
25.	powers No	s exercisable for your bene	ts in property (other than anything listed in li fit	ne 1), and rights or		
	_	s. Give specific ormation about them				
26.			trade secrets, and other intellectual property; websites, proceeds from royalties and licensing			
	_	s. Give specific ormation about them				
27.	Example No Yes	• .	eneral intangibles ive licenses, cooperative association holdings, li	iquor licenses, professic	nal licen	ses
Mor		roperty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you				
	□ No					
	✓ Yes		Federal: Earned Portion Portion of 2019	Tax Refund. Amt:	Federal	\$40.00
	you	already filed the returns	\$40.00		State:	\$0.00
	and	d the tax years			Local:	\$0.00
29.	Exampl	•	limony, spousal support, child support, maintena	ance, divorce settlement	, property	/ settlement
	✓ No	s. Give specific information		Alimony:		
	ш	·		Maintenan	ce:	
				Support:		
				Divorce se	ttlement	
				Property s		
				. Topolty 3	50111	·- <u></u>

Debt	or 1 Kristina Z.A. Henderson	Case number (if known)	
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disab compensation, Social Security benefits; unpaid loan		
	 No ✓ Yes. Give specific information Return of State Refund 	d that was garnished	\$1,035.85
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings ac	ccount (HSA); credit, homeowner's, or renter's ins	urance
	✓ No✓ Yes. Name the insurance company of each policy and list its valueCompany name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who If you are the beneficiary of a living trust, expect proceeds from entitled to receive property because someone has died		
	✓ No✓ Yes. Give specific information		
33.	Claims against third parties, whether or not you have filed a Examples: Accidents, employment disputes, insurance claims,	· ·	
	✓ No Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, in rights to set off claims	ncluding counterclaims of the debtor and	
	✓ No Yes. Describe each claim		
35.	Any financial assets you did not already list		
	☑ No☐ Yes. Give specific information		
36.	Add the dollar value of all of your entries from Part 4, includ attached for Part 4. Write that number here	ling any entries for pages you have	\$1,117.41
Pa	rt 5: Describe Any Business-Related Property Y	ou Own or Have an Interest In. List a	ny real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any bu	usiness-related property?	
	✓ No. Go to Part 6.✓ Yes. Go to line 38.		
3 8	Accounts receivable or commissions you already earned		Current value of the portion you own? Do not deduct secured claims or exemptions.
J 0.			
	✓ No ☐ Yes. Describe		
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printed desks, chairs, electronic devices	nters, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe		

Deb	tor 1 K	ristina Z.A. Henderson	Case number (if known)
40.	Machiner	y, fixtures, equipment, supplies you use in business, and tools of you	ur trade
	✓ No ☐ Yes.	Describe	
41.	Inventory		
	✓ No ☐ Yes.	Describe	
42.	Interests	in partnerships or joint ventures	
	✓ No ☐ Yes.	Describe Name of entity:	% of ownership:
43.	Customer	r lists, mailing lists, or other compilations	
	_	Do your lists include personally identifiable information (as defined in ☐ No ☐ Yes. Describe	n 11 U.S.C. § 101(41A))?
44.	Any busir	ness-related property you did not already list	
	✓ No ☐ Yes.	Give specific information.	
45.		Iollar value of all of your entries from Part 5, including any entries for for Part 5. Write that number here	- I EN NO
	If	escribe Any Farm- and Commercial Fishing-Related Propyou own or have an interest in farmland, list it in Part 1.	
46.		wn or have any legal or equitable interest in any farm- or commercial	fishing-related property?
		Go to Part 7. Go to line 47.	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm anir		·
	✓ No ☐ Yes	: Livestock, poultry, farm-raised fish	
48.	Cropsei	ther growing or harvested	
	_	Give specific nation	
49.	Farm and	fishing equipment, implements, machinery, fixtures, and tools of trace	de
	✓ No ☐ Yes		
50.	Farm and	fishing supplies, chemicals, and feed	
	✓ No ☐ Yes		

Deb	btor 1 Kristina Z.A. Henderson	Case	number (if known)					
51.	Any farm- and commercial fishing-related property your No Yes. Give specific information	ou did not already list						
52.	Add the dollar value of all of your entries from Part 6 attached for Part 6. Write that number here		\$0.00					
Pa	Part 7: Describe All Property You Own or Ha	ve an Interest in That You	Did Not List Above	ļ				
53.	Do you have other property of any kind you did not a Examples: Season tickets, country club membership No Yes. Give specific information.	lready list?						
54.	4. Add the dollar value of all of your entries from Part 7. Write that number here							
Pa	Part 8: List the Totals of Each Part of this Fo	orm						
55.	Part 1: Total real estate, line 2				\$0.00			
56.	Part 2: Total vehicles, line 5	\$6,000.00	-					
57.	Part 3: Total personal and household items, line 15	\$2,200.00	-					
58.	Part 4: Total financial assets, line 36	\$1,117.41	-					
59.	Part 5: Total business-related property, line 45	\$0.00	-					
60.	Part 6: Total farm- and fishing-related property, line 5	52 \$0.00	-					
61.	Part 7: Total other property not listed, line 54	+ \$0.00	-					
62.	Total personal property. Add lines 56 through 61	\$9,317.41	Copy personal property total	+	\$9,317.41			
63.	Total of all property on Schedule A/B. Add line 55 +	+ line 62			\$9,317.41			

Debtor 1 Debtor 2 (Spouse, if filing) United States Bankri Case number (if known) Official Form 1 Schedule C: T Be as complete and ar Using the property you space is needed, fill or write your name and complete tempted up to the areceive certain beneficial exempted up to the areceive certain beneficial exemption of 100% or property is determined. Part 1: Identification.	rst Name Mid uptcy Court for the: EA O6C The Property You ccurate as possible. If u listed on Schedule A/ ut and attach to this pa ase number (if known). perty you claim as exert dollar amount as exert mount of any applica fits, and tax-exempt re-	dle Name dle Name STERN DIST Du Claim a two married pe B: Property (Of ge as many co empt, you mus mpt. Alternativ ble statutory li etirement fund der a law that ount, your exer	ople are filing ficial Form 100 pies of Part 2 t specify the avely, you may mit. Some exs-may be unlimits the exenption would	ot toget toget toget clair emp imite mptie	her, both are equally re as your source, list the ditional Page as nece ant of the exemption you the full fair market witionssuch as those d in dollar amount. He	Check if this is an amended filing O4/1 esponsible for supplying correct information e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to however, if you claim an lar amount and the value of the le statutory amount.
Debtor 2 (Spouse, if filing) Fir United States Bankri Case number (if known) Official Form 1 Schedule C: T Be as complete and a Using the property you space is needed, fill or write your name and c For each item of propis to state a specific exempted up to the a receive certain benefice exemption of 100% of property is determined. Part 1: Identification.	of C The Property You ccurate as possible. If a listed on Schedule A/ ut and attach to this pa ase number (if known). perty you claim as exert amount of any application, and tax-exempt referred fair market value uned to exceed that amount of exceed that exceed that exceed that exceed the exceed the exceed the exceed that exceed the exceed	Du Claim at two married per B: Property (Of ge as many column, you must mpt. Alternatively listirement fund der a law that bunt, your exer	cast Name CRICT OF MIC AS Exemp ople are filing of ficial Form 106 poies of Part 2 tt specify the average with the exemption would	toget 6A/B) 2: Add clair cemp imite mptic	her, both are equally re as your source, list the ditional Page as nece ant of the exemption you the full fair market witionssuch as those d in dollar amount. He	amended filing O4/1 esponsible for supplying correct information e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
(Spouse, if filing) Fire United States Bankro Case number (if known) Official Form 1 Schedule C: T Be as complete and as Using the property you space is needed, fill or write your name and complete team of property is to state a specific exempted up to the a receive certain beneficially exemption of 100% of property is determined. Part 1: Identification Identi	ccurate as possible. If a listed on Schedule A/but and attach to this parase number (if known). In perty you claim as execution and the control of any applications, and tax-exempt restricted in the control of the con	two married pe B: Property (Of ge as many co empt, you mus npt. Alternativ ble statutory li stirement fund der a law that ount, your exer	ople are filing of ficial Form 106 pies of Part 2 triangle specify the average with the specific triangle sp	toget 6A/B) 2: Add clair cemp imite mptic	her, both are equally re as your source, list the ditional Page as nece ant of the exemption you the full fair market witionssuch as those d in dollar amount. He	amended filing O4/1 esponsible for supplying correct information e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
Case number (if known) Official Form 1 Schedule C: T Be as complete and ar Using the property you space is needed, fill or write your name and complete to state a specific exempted up to the arreceive certain beneficially exemption of 100% or property is determined. Part 1: Identification.	ccurate as possible. If a listed on Schedule A/out and attach to this parase number (if known). Perty you claim as execution and tax-exempt referred fair market value uned to exceed that amount of exceed that exceed the exceed that exceed that exceed the exceed the exceed that exceed the exceed that exceed the exceed the exceed the exceed the exceed the exceed that exceed the e	two married per B: Property (Of ge as many compt, you must mpt. Alternatively statutory lietirement fund der a law that wunt, your exer	ople are filing ficial Form 100 pies of Part 2 t specify the avely, you may mit. Some exs-may be unlimits the exenption would	toget 6A/B) 2: Add clair cemp imite mptic	her, both are equally re as your source, list the ditional Page as nece ant of the exemption you the full fair market witionssuch as those d in dollar amount. He	amended filing O4/1 esponsible for supplying correct information e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
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Be as complete and a Using the property you space is needed, fill or write your name and complete and complete and complete and complete and complete as the state as pecific exempted up to the a receive certain benefit exemption of 100% of property is determined. Part 1: Identification.	ccurate as possible. If a listed on Schedule A/ ut and attach to this pa ase number (if known). perty you claim as exert amount of any applications, and tax-exempt refer fair market value uned to exceed that amount of exceed that exceed that exceed that exceed that exceed that exceed the exceed the exceed that exceed the exceed that exceed the exceed that exceed the	two married pe B: Property (Of ge as many col empt, you mus mpt. Alternative ble statutory li etirement fund der a law that ount, your exer	ople are filing ficial Form 100 pies of Part 2 t specify the avely, you may limit. Some exs-may be unlilimits the exemption would	toget 6A/B) 2: Add amou clair cemp imite mptio	as your source, list the ditional Page as necessant of the exemption you the full fair market tionssuch as those d in dollar amount. Fron to a particular dollar	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
Be as complete and ar Using the property you space is needed, fill or write your name and complete for each item of propis to state a specific exempted up to the areceive certain beneficexemption of 100% of property is determined. Part 1: Identification.	ccurate as possible. If a listed on Schedule A/ ut and attach to this pa ase number (if known). perty you claim as exert amount as exert amount of any applica fits, and tax-exempt refif fair market value uned to exceed that amount of exceed that amount of the schedule in the schedule i	two married pe B: Property (Of ge as many col empt, you mus mpt. Alternative ble statutory li etirement fund der a law that ount, your exer	ople are filing ficial Form 100 pies of Part 2 t specify the avely, you may limit. Some exs-may be unlilimits the exemption would	toget 6A/B) 2: Add amou clair cemp imite mptio	as your source, list the ditional Page as necessant of the exemption you the full fair market tionssuch as those d in dollar amount. Fron to a particular dollar	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
Using the property you space is needed, fill or write your name and committee your name and committee your name and committee your name and committee to state a specific exempted up to the a receive certain benefice exemption of 100% or property is determined. Part 1: Identification.	u listed on Schedule A/ ut and attach to this pa ase number (if known). perty you claim as exe dollar amount as exer amount of any applica fits, and tax-exempt re of fair market value un ed to exceed that amo	B: Property (Of ge as many copempt, you mus npt. Alternative ble statutory li- tirement fund der a law that ount, your exer	ficial Form 100 pies of Part 2 It specify the a vely, you may mit. Some ex smay be unli limits the exe nption would	SA/B) 2: Add amou clair cemp imite mptice	as your source, list the ditional Page as necessant of the exemption you the full fair market tionssuch as those d in dollar amount. Fron to a particular dollar	e property that you claim as exempt. If more essary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
is to state a specific exempted up to the a receive certain benef exemption of 100% o property is determined. Part 1: Identification.	dollar amount as exer imount of any applica fits, and tax-exempt re of fair market value un ed to exceed that amo	mpt. Alternatively lible statutory libetirement fund der a law that bunt, your exer	vely, you may mit. Some ex smay be unli limits the exe nption would	clair emp imite mptic	n the full fair market vitionssuch as those d in dollar amount. Hon to a particular doll	value of the property being for health aids, rights to However, if you claim an lar amount and the value of the
1. Which set of exe	ify the Property Y	ou Claim as				
			Exempt			
	emptions are you clair	ming? Ch	eck one only, e	even	if your spouse is filing	with you.
	ming state and federal ming federal			11 U.	S.C. § 522(b)(3)	
				ant f	ill in the information	holow
	y you list on <i>Schedule</i>	_				
Brief description of t Schedule A/B that lis	he property and line o		nt value of ortion you		ount of the mption you claim	Specific laws that allow exemption
		. ,	the value from Jule A/B		ck only one box for h exemption	
Brief description:		9	5500.00	$\overline{\mathbf{V}}$	\$500.00	11 U.S.C. § 522(d)(3)
Debtor's Househol	d Furniture				100% of fair market	
Line from Schedule A	/B: 6				value, up to any applicable statutory limit	
Brief description:			5700.00	$\overline{\mathbf{V}}$	\$700.00	11 U.S.C. § 522(d)(3)
2 Flat Screen Telev	visons -\$400.0				100% of fair market	3 (-)(-)
1 Flat Screen Telev Line from Schedule A	·				value, up to any applicable statutory limit	

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 2: **Additional Page** Amount of the Specific laws that allow exemption Brief description of the property and line on Current value of Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$300.00 \$300.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ **Debtor's Clothing** 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$700.00 \$700.00 11 U.S.C. § 522(d)(4) $\overline{\mathbf{V}}$ 1 Wedding Ring- \$500.00 100% of fair market 1 Pandora Ring- \$100.00 value, up to any 1 Pandora Bracelet-\$100.00 applicable statutory limit Line from Schedule A/B: 12 Brief description: \$40.00 $\overline{\mathbf{A}}$ \$40.00 11 U.S.C. § 522(d)(5) **Debtor's Carrying Cash** 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$1.56 \$1.56 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ Flag Star Bank Checking account 100% of fair market value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description: \$40.00 11 U.S.C. § 522(d)(5) \$40.00 $oldsymbol{\sqrt{}}$ **Earned Portion Portion of 2019 Tax Refund** 100% of fair market value, up to any Line from Schedule A/B: 28 applicable statutory limit Brief description: \$1,035.85 \$1,035.85 11 U.S.C. § 522(d)(5) $\overline{\mathbf{A}}$ Return of State Refund that was garnished 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit

Fill in this inf	ormation to iden	tify your case	a:				
Debtor 1	Kristina	Z.A.	Henderson				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Ba	nkruptcy Court for the	: EASTERN DI	STRICT OF MICHIGA	<u>N</u>			
Case number (if known)						s an	
Official Form	106D						
		no Have Cla	aims Secured b	y Property		12/1	
correct information On the top of any 1. Do any credit	on. If more space is additional pages, wr tors have claims sec	needed, copy the rite your name a sured by your pr		out, number the entri wn).	es, and attach it to thi	s form.	
claim, list the creditor has a	ed claims. If a credit creditor separately for particular claim, list the tible, list the claims in the.	r each claim. If n ne other creditors	nore than one in Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1		Describe the	e property that	\$13,229.00	\$6,000.00	\$7,229.0	
AmeriCredit/GM Creditor's name Attn: Bankruptc Number Street PO Box 183853		2013 Chev	rrolet Malibu 5,000 miles)				
1 O BOX 100000			ate you file, the claim is	: Check all that apply.			
Arlington City	TX 76096 State ZIP Code	Conting Unliquid	lated				
Who owes the del	ot? Check one.	ш .	en. Check all that apply				
Debtor 1 only Debtor 2 only		_	ement you made (such a		car loan)		
Debtor 1 and D	Debtor 2 only	_	y lien (such as tax lien, n nt lien from a lawsuit	nechanic's lien)			
At least one of	the debtors and anoth	her 🗕	ncluding a right to offset)				
Check if this of to a communi		Autom	obile				
Date debt was inc	-	Last 4 digit	s of account number	6 6 0 2			
Add the dollar val	ue of your entries in	Column A on th	is page. Write		1		
that number here:	-		. 1-9	\$13,229.00			

Official Forth 9046591-tjt Doc 1schefille 6:04/30/14 ho Fantered 94/30/19-14-09:03 Page 18 of 68 page 1

If this is the last page of your form, add the dollar value totals from

all pages. Write that number here:

				•		
Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Kristina	Z.A.	Henderson			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	r the: EASTERN	DISTRICT OF MICHIGAN			
Case number				_		
(if known)					Check if this i amended filin	
Official Form	106E/F			ı		
		s Who Have	e Unsecured Claims			12/15
claims. List the o on <i>Schedule A/B:</i> Do not include an If more space is n	ther party to any Property (Offici y creditors with leeded, copy the	executory contr al Form 106A/B) a partially secured Part you need, fi	rt 1 for creditors with PRIORITY classes or unexpired leases that coul and on Schedule G: Executory Coal claims that are listed in Schedule ill it out, number the entries in the crite your name and case number (d result in a claim. ntracts and Unexpir D: Creditors Who I boxes on the left. I	Also list execut red Leases (Offic Hold Claims Sec	ory contracts cial Form 106G). ured by Property.
Part 1: Lis	t All of Your	PRIORITY Uns	secured Claims			
1. Do any credit	tors have priorit	y unsecured clair	ns against you?			
☑ No. Go t	to Part 2.					
Yes.						
claim. For ea show both pric more space is	ch claim listed, id ority and nonprior	lentify what type of ity amounts. As m ity unsecured clair	creditor has more than one priority uf claim it is. If a claim has both prior nuch as possible, list the claims in al ms, fill out the Continuation Page of	ty and nonpriority an phabetical order acc	nounts, list that coording to the cred	laim here and ditor's name. If
(For an explar	nation of each typ	e of claim, see the	e instructions for this form in the inst	ruction booklet.		
				Total claim	Priority amount	Nonpriority amount
					amount	amount
2.1						
Priority Creditor's Nam	10		Last 4 digits of account number			
			When was the debt incurred?		•	
Number Street					_	
			As of the date you file, the claim	is: Check all that ap	ply.	
-			Contingent Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the			Type of PRIORITY unsecured cla	im:		
Debtor 1 only			☐ Domestic support obligations			
Debtor 2 only	2.1.4		Taxes and certain other debts		nent	
Debtor 1 and D	Debtor 2 only the debtors and	another	Claims for death or personal in	jury while you were		
ш	claim is for a cor		intoxicated ☐ Other. Specify			
Is the claim subje		,				
□ No						
Yes						

Debtor 1 Kristina Z.A. Henderson	Case number (if known)
Part 2: List All of Your NONPRIORITY	Y Unsecured Claims
Yes 4. List all of your nonpriority unsecured claims if a creditor has more than one nonpriority unsecured type of claim it is. Do not list claims already included.	Claims against you? Submit this form to the court with your other schedules. In the alphabetical order of the creditor who holds each claim. For each claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2. Total claim \$0.00
Afni, Inc Nonpriority Creditor's Name 1310 MLK Drive Number Street P.O. Box 3427 Bloomington IL 61702-3427 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for - Comcast
Allstate Credit Bureau Nonpriority Creditor's Name Attn: Bankruptcy Number Street 19315 W 10 Mile Rd Southfield MI 48075 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	\$592.00 Last 4 digits of account number 2 6 1 A When was the debt incurred? 05/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -CREDIT UNION ONE-CK

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$11.639.00 Department of Education/Nelnet Last 4 digits of account number <u>7 9 1 1 </u> Nonpriority Creditor's Name When was the debt incurred? 08/2009 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated ☐ Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes \$5,759.00 Last 4 digits of account number Department of Education/Nelnet 4 1 1 Nonpriority Creditor's Name When was the debt incurred? 08/2008 Attn: Claims As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated Disputed Lincoln 68501 NE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$5,564.00 Department of Education/Nelnet Last 4 digits of account number 7 5 1 1 Nonpriority Creditor's Name When was the debt incurred? 08/2009 Attn: Claims As of the date you file, the claim is: Check all that apply. Number Street PO Box 82505 Contingent Unliquidated ☐ Disputed Lincoln NE 68501 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Educational Is the claim subject to offset? No

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$5.528.00 Department of Education/Nelnet Last 4 digits of account number <u>7 7 1 1 </u> Nonpriority Creditor's Name When was the debt incurred? 11/2008 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated ☐ Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes \$5,312.00 Last 4 digits of account number Department of Education/Nelnet 8 2 1 1 Nonpriority Creditor's Name When was the debt incurred? 10/2011 Attn: Claims As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated Disputed Lincoln 68501 NE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$4,678.00 Department of Education/Nelnet Last 4 digits of account number 7 6 1 1 Nonpriority Creditor's Name When was the debt incurred? 08/2008 Attn: Claims As of the date you file, the claim is: Check all that apply. Number Street PO Box 82505 Contingent Unliquidated ☐ Disputed Lincoln NE 68501 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset? No

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$4.042.00 Department of Education/Nelnet Last 4 digits of account number <u>8 1 1 1</u> Nonpriority Creditor's Name When was the debt incurred? 09/2010 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated ☐ Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes П \$2,522.00 Last 4 digits of account number Department of Education/Nelnet 0 1 1 Nonpriority Creditor's Name When was the debt incurred? 11/2009 Attn: Claims As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated Disputed Lincoln 68501 NE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$1,711.00 Department of Education/Nelnet Last 4 digits of account number 4 4 2 4 Nonpriority Creditor's Name When was the debt incurred? 06/2010 Attn: Claims As of the date you file, the claim is: Check all that apply. Number Street PO Box 82505 Contingent Unliquidated ☐ Disputed Lincoln NE 68501 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset? No

Debtor 1 Kristina Z.A. Henderson Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$857.00 Department of Education/Nelnet Last 4 digits of account number <u>7 8 1 1 </u> Nonpriority Creditor's Name When was the debt incurred? 05/2009 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated ☐ Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes П 4.13 \$1,565.88 Last 4 digits of account number **DTE Energy** 4 6 6 6 Nonpriority Creditor's Name When was the debt incurred? 1 ENERGY PLZ # WCB2106 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Detroit ΜI 48226 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Arrearage Is the claim subject to offset? **☑** No ☐ Yes 4.14 \$916.62 **DTE Energy** Last 4 digits of account number 4 8 0 7 Nonpriority Creditor's Name When was the debt incurred? 1 ENERGY PLZ # WCB2106 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated □ Disputed **Detroit** ΜI 48226 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Arrearage** Is the claim subject to offset?

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$964.00 **ERC/Enhanced Recovery Corp** Last 4 digits of account number <u>6 5 7 5</u> Nonpriority Creditor's Name When was the debt incurred? 01/2019 Attn: Bankruptcy Number Street As of the date you file, the claim is: Check all that apply. 8014 Bayberry Road ☐ Contingent Unliquidated ☐ Disputed **Jacksonville** FL 32256 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for -AT T U-VERSE Is the claim subject to offset? **☑** No Yes П 4.16 \$1,353.00 Last 4 digits of account number Fifth Third Bank 0 7 5 9 Nonpriority Creditor's Name When was the debt incurred? 04/2014 Attn: Bankruptcy Street As of the date you file, the claim is: Check all that apply. 35 Fountain Square Plaza Contingent Unliquidated Disputed Cincinnati OH 45263 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No ☐ Yes 4.17 \$700.00 First Loan Last 4 digits of account number J P 4 F Nonpriority Creditor's Name When was the debt incurred? 04/11/2019 P.O. Box 14504 As of the date you file, the claim is: Check all that apply. Street Number Santa Rosa, CA95402 Contingent Unliquidated □ Disputed City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Unsecured Loan**

Is the claim subject to offset?

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.18 \$523.00 **Helvey & Associates** Last 4 digits of account number 0 4 5 9 Nonpriority Creditor's Name When was the debt incurred? 03/2015 1029 East Center St As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ☐ Disputed Warsaw IN 46580 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - Consumers Energy Is the claim subject to offset? **☑** No Yes П 4.19 \$4,965.00 Last 4 digits of account number **Hunter Warfield** 0 2 3 0 Nonpriority Creditor's Name When was the debt incurred? 08/2017 **Attention: Bankruptcy** As of the date you file, the claim is: Check all that apply. 4620 Woodland Corporate Blvd Contingent Unliquidated Disputed Tampa FL 33614 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - GEORGETOWN COMMONS Is the claim subject to offset? **☑** No ☐ Yes 4.20 \$2,783.00 J.J. Marshall & Associates Last 4 digits of account number 1 5 0 5 Nonpriority Creditor's Name When was the debt incurred? 03/2018 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Street Number 28820 Mound Rd Contingent Unliquidated ☐ Disputed Warren ΜI 48092 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Collecting for -EASTWOOD VILLAGE APARTMENTS

Is the claim subject to offset?

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$1,458,00 Jefferson Capital Systems, LLC Last 4 digits of account number 0 0 0 3 Nonpriority Creditor's Name When was the debt incurred? 02/2016 PO Box 1999 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ☐ Disputed **Saint Cloud** 56302 MN ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - VERIZON WIRELESS Is the claim subject to offset? **☑** No Yes П 4.22 \$1,800.00 Last 4 digits of account number Michigan Department of Treasury 8 2 0 8 Nonpriority Creditor's Name When was the debt incurred? **Attn: Bankruptcy Department** Stre As of the date you file, the claim is: Check all that apply. Number P.O. Box 30168 Contingent Unliquidated Disputed Lansing ΜI 48909 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt 1040 Taxes Is the claim subject to offset? **☑** No ☐ Yes 4.23 \$1,526.00 Last 4 digits of account number 1 0 0 2 Navient Nonpriority Creditor's Name When was the debt incurred? 10/2002 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street PO Box 9000 Contingent Unliquidated □ Disputed Wiles-Barr PA 18773 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset? No

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.24 \$8.747.00 Nelnet Last 4 digits of account number 8 4 2 4 Nonpriority Creditor's Name When was the debt incurred? 08/2006 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated ☐ Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes П 4.25 \$8,325.00 Last 4 digits of account number Nelnet 5 9 2 4 Nonpriority Creditor's Name When was the debt incurred? 09/2007 Attn: Claims As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated Disputed Lincoln 68501 NE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.26 \$5,987.00 Nelnet Last 4 digits of account number 8 2 2 4 Nonpriority Creditor's Name When was the debt incurred? 02/2006 Attn: Claims Street As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated ☐ Disputed Lincoln NE 68501 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset?

Debtor 1 Kristina Z.A. Henderson Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.27 \$4.751.00 Nelnet Last 4 digits of account number 8 3 2 4 Nonpriority Creditor's Name When was the debt incurred? 08/2006 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes П 4.28 \$4,634.00 Last 4 digits of account number Nelnet 5 2 2 4 Nonpriority Creditor's Name When was the debt incurred? 09/2007 Attn: Claims As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated Disputed Lincoln 68501 NE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.29 \$4,012.00 Nelnet Last 4 digits of account number 8 1 2 4 Nonpriority Creditor's Name When was the debt incurred? 09/2005 Attn: Claims Street As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated ☐ Disputed Lincoln NE 68501 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Educational

Is the claim subject to offset?

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.30 \$1.473.00 Nelnet Last 4 digits of account number <u>5 3 2 4</u> Nonpriority Creditor's Name When was the debt incurred? 11/2007 Attn: Claims Number As of the date you file, the claim is: Check all that apply. PO Box 82505 ☐ Contingent Unliquidated Disputed Lincoln NE 68501 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes П 4.31 \$1,448.00 Last 4 digits of account number Nelnet 8 0 2 4 Nonpriority Creditor's Name When was the debt incurred? 07/2003 Attn: Claims As of the date you file, the claim is: Check all that apply. Number PO Box 82505 Contingent Unliquidated Disputed Lincoln 68501 NE City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ✓ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.32 \$2,981.00 Receivables Performance Mgmt Last 4 digits of account number 3 0 2 9 Nonpriority Creditor's Name When was the debt incurred? 12/2018 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street PO Box 1548 Contingent Unliquidated ☐ Disputed Lynnwood WA 98036 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Collecting for - AT &T

Is the claim subject to offset?

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.33 \$1.353.00 **Resurgent Capital Services** Last 4 digits of account number 0 7 5 9 Nonpriority Creditor's Name When was the debt incurred? 07/2015 PO Box 10587 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Greenville SC 29603 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collecting for - FIFTH THIRD BANK Is the claim subject to offset? **☑** No Yes П 4.34 \$1,035.85 Last 4 digits of account number Valley View Apts. 7 1 G C Nonpriority Creditor's Name When was the debt incurred? 01/07/16 c/o Patrick Dykstra Stree As of the date you file, the claim is: Check all that apply. Number 2010-44th St. SE Contingent Unliquidated Disputed **Grand Rapids** ΜI 49508 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Judgment Is the claim subject to offset? **☑** No ☐ Yes 4.35 \$3,383.00 Wayn St Univ Last 4 digits of account number 4 A R Z Nonpriority Creditor's Name When was the debt incurred? 12/31/2008 Room 214 A S B 2 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated ☐ Disputed **Detroit** ΜI 48202 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Educational Is the claim subject to offset? No

Debtor 1 Kristina Z.A. Henderson Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.36 \$550.00 Zoca loans Last 4 digits of account number 9 6 1 1 Nonpriority Creditor's Name When was the debt incurred? 05/03/2019 PO Box 1147 Number As of the date you file, the claim is: Check all that apply. 27565 Research Park Dr ☐ Contingent Unliquidated Disputed Mission SD 57555 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Unsecured Loan** Is the claim subject to offset? **☑** No

Kristina Z.A. Henderson	Case number (if known)
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Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Comcast Corp.	On which entry in Part 1 or Part 2 did you list the original creditor?						
Name Customor Sorvice De	onartmont			11	of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Customer Service Do	eparunent			4.1	or (Check one	<i>).</i> \Box	•
1500 Market Street						\checkmark	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4	digits	of account nu	mber	
Philadelphia	PA	19102					
City	State	ZIP Code					
Consumers Energy			On wh	nich en	try in Part 1 o	Part	2 did you list the original creditor?
Name	nartmant			4 26	of (Check one	١. 🗀	Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy De Number Street	partific			4.20	- (Check one		•
4600 Coolidge Hwy						\checkmark	Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4	digits	of account nu	mber	
Royal Oak	MI	48073					
City	State	ZIP Code					
Consumers Energy			On wh	nich en	try in Part 1 o	Part	2 did you list the original creditor?
Name Attn: Bankruptcy De	partment		Line	4.25	of (Check one): \square	Part 1: Creditors with Priority Unsecured Claims
Number Street	pu				• (** ** **	, <u> </u>	•
4600 Coolidge Hwy						✓	Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4	digits	of account nu	mber	
Royal Oak City	MI State	48073 ZIP Code					
City	State	ZIP Code					
Consumers Energy			On wh	nich en	try in Part 1 o	Part	2 did you list the original creditor?
Name Attn: Bankruptcy De	partment		Line	4.24	of (Check one): \square	Part 1: Creditors with Priority Unsecured Claims
Number Street					='		Part 2: Creditors with Nonpriority Unsecured Claims
4600 Coolidge Hwy						V	Tart 2. Groundle with Horiphority Checoured Glamb
			Last 4	digits	of account nu	mber	
Royal Oak	MI State	48073					
City	State	ZIP Code					
Consumers Energy			On wh	nich en	try in Part 1 o	Part	2 did you list the original creditor?
Name Attn: Bankruptcy De	partment		Line _	4.18	of (Check one): 🗖	Part 1: Creditors with Priority Unsecured Claims
Number Street 4600 Coolidge Hwy						\checkmark	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4	digits	of account nu	mber	
Royal Oak	MI	48073		3 ~			
Citv	State	ZIP Code					

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page **DTE Energy** On which entry in Part 1 or Part 2 did you list the original creditor? 1 ENERGY PLZ # WCB2106 Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **Detroit** City State **DTE Energy** On which entry in Part 1 or Part 2 did you list the original creditor? 1 ENERGY PLZ # WCB2106 Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ΜI 48226 **Detroit** State ZIP Code Michigan Office of the Attorney General On which entry in Part 1 or Part 2 did you list the original creditor? Cadillac Place, 10th Floor Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 3030 W. Grand Blvd., Ste. 10-200 Last 4 digits of account number **Detroit** ΜI 48202 City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number 30348-5028 **Atlanta** GA ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Number Street Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number GA 30348-5028 **Atlanta** ZIP Code U.S. Department of Education On which entry in Part 1 or Part 2 did you list the original creditor? **National Payment Center** Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number **Atlanta** GA 30348-5028 City State 7IP Code

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 3: List Other	ers to B	e Notified Abo	ut a Debt That You Alread	y List	ted Continuation Page
U.S. Department of Education			On which entry in Part 1 or Part 2 did you list the original creditor?		
Name National Payment Center			— Line 4.28 of (Check one).	· 🗆 F	Part 1: Creditors with Priority Unsecured Claims
Number Street P.O. Box 105028			,		Part 2: Creditors with Nonpriority Unsecured Claims
. 101 20X 100020					
Atlanta	GA	30348-5028	 Last 4 digits of account nur 	nber	
City	State	ZIP Code			
U.S. Department of Education			On which entry in Part 1 or Part 2 did you list the original creditor?		
Name National Payment Center			Line 4.27 of (Check one).	- I	Part 1: Creditors with Priority Unsecured Claims
Number Street P.O. Box 105028		<u> </u>		Part 2: Creditors with Nonpriority Unsecured Claims	
Atlanta	GA	30348-5028	Last 4 digits of account nur	nber	
City	State	ZIP Code			
U.S. Department of Education			On which entry in Part 1 or Part 2 did you list the original creditor?		
Name National Payment Center		Line 4.26 of (Check one).	F	Part 1: Creditors with Priority Unsecured Claims	
Number Street P.O. Box 105028					Part 2: Creditors with Nonpriority Unsecured Claims
Atlanta	GA	30348-5028	Last 4 digits of account nur	nber	
City	State	ZIP Code			
U.S. Department of Ed	lucation		On which entry in Part 1 or	Part 2	did you list the original creditor?
Name National Payment Center			Line 4.25 of (Check one).	· 🗆 F	Part 1: Creditors with Priority Unsecured Claims
Number Street P.O. Box 105028			<u> </u>		Part 2: Creditors with Nonpriority Unsecured Claims
. 101 20X 100020			_	. –	
Atlanta	GA	30348-5028	 Last 4 digits of account nur 	nber	
City	State	ZIP Code			
U.S. Department of Education			On which entry in Part 1 or Part 2 did you list the original creditor?		
Name National Payment Center			Line 4.24 of (Check one).	· 🗆 F	Part 1: Creditors with Priority Unsecured Claims
Number Street P.O. Box 105028			- · · ·	_	Part 2: Creditors with Nonpriority Unsecured Claims
1.0. Dox 100020			_	_	
	GA	30348-5028	 Last 4 digits of account nur 	nber	
City	State	ZIP Code	_		
U.S. Department of Ed	lucation		On which entry in Part 1 or	Part 2	did you list the original creditor?
Name National Payment Center			— Line 4.23 of (Check one).	. I	Part 1: Creditors with Priority Unsecured Claims
Number Street P.O. Box 105028	-		,		Part 2: Creditors with Nonpriority Unsecured Claims
. 101 DOX 100020			_		
	GA	30348-5028	 Last 4 digits of account nur 	nber	
City	State	ZIP Code			

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Number Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number GA 30348-5028 **Atlanta** City State ZIP Code U.S. Department of Education On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Number Street Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number GA 30348-5028 **Atlanta** State ZIP Code U.S. Department of Education On which entry in Part 1 or Part 2 did you list the original creditor? **National Payment Center** Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number **Atlanta** GA 30348-5028 City State 7IP Code On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number 30348-5028 **Atlanta** GA ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Number Street Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number GA 30348-5028 **Atlanta** ZIP Code U.S. Department of Education On which entry in Part 1 or Part 2 did you list the original creditor? **National Payment Center** Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 - Last 4 digits of account number **Atlanta** GA 30348-5028 City State 7IP Code

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line _____4.6 __of (Check one): ____ Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Number Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number GΑ 30348-5028 **Atlanta** City State ZIP Code U.S. Department of Education On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Number Street Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number GA 30348-5028 **Atlanta** State ZIP Code U.S. Department of Education On which entry in Part 1 or Part 2 did you list the original creditor? **National Payment Center** Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number **Atlanta** GA 30348-5028 City State 7IP Code On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims **National Payment Center** Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 105028 Last 4 digits of account number 30348-5028 **Atlanta** GA City ZIP Code State On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney Attn: Civil Division** Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number ΜI 48226 Detroit City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? United States Attorney Attn: Civil Division Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** MΙ 48226 City State ZIP Code

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? United States Attorney Attn: Civil Division Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** ΜI 48226 City State **United States Attorney** On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Attn: Civil Division Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number ΜI 48226 Detroit State ZIP Code City On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Attn: Civil Division Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** ΜI 48226 City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims **Attn: Civil Division** Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number ΜI 48226 **Detroit** ZIP Code City State On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney Attn: Civil Division** Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number ΜI 48226 **Detroit** City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? United States Attorney Attn: Civil Division Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** MΙ 48226 City State ZIP Code

Debtor 1 Kristina Z.A. Henderson Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? United States Attorney Attn: Civil Division Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** ΜI 48226 City State **United States Attorney** On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Attn: Civil Division Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number ΜI 48226 Detroit State ZIP Code City On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Attn: Civil Division Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** ΜI 48226 City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims **Attn: Civil Division** Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number 48226 ΜI **Detroit** ZIP Code City State On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney Attn: Civil Division** Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number ΜI 48226 **Detroit** City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? United States Attorney Attn: Civil Division Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** MΙ 48226 City State ZIP Code

Debtor 1 Kristina Z.A. Henderson Case number (if known) List Others to Be Notified About a Debt That You Already Listed -- Continuation Page Part 3: On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Attn: Civil Division Line _____4.4__ of (Check one): ____ Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number **Detroit** ΜI 48226 City State On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Attn: Civil Division Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001

Last 4 digits of account number

Detroit

City

ΜI

State

48226

ZIP Code

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nomi art i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 4	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$78,939.00
nomi uit 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 👍	\$36,499.35
	6j.	Total. Add lines 6f through 6i.	6j.	\$115,438.35

Fill in this infe	ormation to i	dentify your case	:	
Debtor 1	Kristina First Name	Z.A. Middle Name	Henderson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	STRICT OF MICHIGAN	
Case number (if known)				☐ Check if this is amended filin

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). $\overline{\mathbf{M}}$
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for 2.1 Kornerstone Credit, LLC **Furniture Lease** Name Contract to be ASSUMED 1111 Draper Parkway Number Street Suite 200 84020 UT Draper 7IP Code 2.2 **Television Installment Purchase Progressive Finance** Contract to be ASSUMED 256 W. Data Drive Number Suite 100 UT 84020-2315 Draper State ZIP Code

Debtor 1	Kristina First Name	Z.A. Middle Name	Henderson Last Name	
Debtor 2				
(Spouse, if filing	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court fo	or the: EASTERN DIS	TRICT OF MICHIGAN	
Case number				Check if this is a
(if known)				amended filing

☑ No ☐ Yes

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

2.	Within the last 8 years, have you lived in a community property include Arizona, California, Idaho, Louisiana, Nevada, New Mexico,	
	 ✓ No. Go to line 3. ✓ Yes. Did your spouse, former spouse, or legal equivalent live ✓ No ✓ Yes 	with you at the time?
3.	In Column 1, list all of your codebtors. Do not include your spoperson shown in line 2 again as a codebtor only if that person is creditor on <i>Schedule D</i> (Official Form 106D), <i>Schedule E/F</i> (Off <i>Schedule D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.	s a guarantor or cosigner. Make sure you have listed the
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the deb
		Check all schedules that apply:

Official Form 106H

Debtor 1 Kristina Z.A. Henderson Let Name Let Name Check if this is: Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following idale: (If Nown) A supplement showing postpetition chapter 13 income as of the following idale: (If Nown) MM / DD / YYYY Official Form 106 Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are space is needed, statch a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Part 1: Describe Employment Information. If you have more than one job, affact a separate sheet to this form. On the top of any additional pages, write your land a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's name Employer's address Employer's address Filingstar Bank Employer's address Filingstar Bank Employer's state 2/p Code How long employed there? 5 Months For Debtor 1 For Debtor 2 or non-filing spouse sheep you are separated. If you or your non-filing spouse sheep work when once than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse were more than one employer, combine the information for all employers for that person on the lines below. If your your non-filing spouse were were more than one employer, combine the information for all employers for that person on the lines below. If your your non-filing spouse were were the more thiny wage t	Fill in this inforr	nation to i <u>dentif</u>	y your case:				
Check if this is: Check if this is: Check if this is: An amended filing Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: (fixnown) Official Form 106 Schedule I: Your Income				Henders	on		
Spouse, if filing First Name Middle Name Lest Name As supplement showing postpetition chapter 13 income as of the following date: Assupplement showing postpetition chapter 13 income as of the following date: MM / DD / YYYYY		First Name	Middle Name	Last Name		Che	eck if this is:
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number (if known) Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct Information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment I. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation Banking Support Include part-time, seasonal, or self-employed work. Occupation Part Include part-time, seasonal, or self-employed work. Occupation Banking Support Employer's address Employer's address Employer's address Flagstar Bank Employer's size Zip Code How long employed there? 5 Months Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse numes you are separated. For Debtor 1 For Debtor 1 For Debtor 2 or non-filling spouse 1 Troy MI 48098 City Size Zip Code City Size Zip Code Thought Size Include your non-filling spouse and we may not a separate sheet to this form. For Debtor 1 For Debtor 1 For Debtor 2 or non-filling spouse and the separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse and the separate sheet to this form. For Debtor 1 For Debtor 1 For Debtor 2 List monthly gross wages, salary, and commissions (before all payrold deductions). If not paid monthly, calculate what th		First Name	Middle Name	Loot Name		— l 🗖	An amended filing
United States Bankrupky Court for the: PASIENN DISTRICT OF MICHIGAN Case number (if known) Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known): Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-amployed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's name Employer's address Stista Zip Code Not employed Debtor 1 Debtor 2 or non-filing spouse Employed Not							A supplement showing postpetition
Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Banking Support Employed work. Occupation Banking Support Employer's name Cocupation May include student or homemaker, if it applies. Employer's address 5151 Corporate Drive Number Street Number Street Number Street Number Street Number Street Troy Mil 48098 City State Zip Code How long employed there? 5 Months Troy Mil 48098 City State Zip Code Not employer or non-filing spouse in the properties of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all 2. \$2,488.44 payvoll deductions). If not paid monthly, calculate what the monthly wage would be.		ruptcy Court for the:	EASTERN DI	STRICTOFMIC	HIGAN		
Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, on include information about your spouse. If you are separated and your spouse is not filing with you, on include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Banking Support Employed Debtor 1 Debtor 2 or non-filing spouse Employed Not employed Not employed Not employed State Employed Work. Occupation Banking Support Employer's name Flagstar Bank Employer's address S151 Corporate Drive Number Street Number Street Number Street Number Street Number Street How long employed there? 5 Months Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse winess you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payolf deductions). If not paid monthly, calculate what the monthly wage					_		MM / DD / YYYY
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do noticule information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Banking Support Debtor 1	Official Form 10						WWW/DD/TTTT
responsible for supplying correct information. If you are married and not filing jointly, and your spouse is Il living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment I. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address tudent or homemaker, if it applies. Employer's address Troy MI 48098 City State Zip Code How long employed there? 5 Months Fast 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse was exparate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. List monthly gross wages, salary, and commissions (before all payroil deductions). If not paid monthly, calculate what the monthly wage would be woul							12/15
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Majing Support Comparison Compa	responsible for supplinclude information a about your spouse. I your name and case	lying correct inform bout your spouse. f more space is nee number (if known).	ation. If you are If you are separ ded, attach a se Answer every q	married and not ated and your spo parate sheet to th	filing jointl use is not	y, and your filing with y	spouse is living with you, ou, do not include information
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Banking Support Employer's name Employer's address Flagstar Bank Flagstar Bank Firoy Mil 48098 City State Zip Code How long employed there? 5 Months Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. Employer's address Flagstar Bank Firoy Mil 48098 City State Zip Code City State Zip Code City State Zip Code To any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse Part 2: List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.		oyment		Debtor 1			Debtor 2 or non-filing spouse
with information about additional employers. Occupation Banking Support Employer's name Employer's address Troy MI 48098 City State Tip Code How long employed there? Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	-		ant atatus	_			
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer's address Troy City State Troy State Troy Mil 48098 City State Troy Number Street Number Number Number Street Number Num	, ,		yment status		ed		—
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Employer's address Troy MI 48098 City State Tip Code How long employed there? Simulate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	additional employ	ers. Occur	ation				
Occupation may include student or homemaker, if it applies. Troy Mi 48098 City State Zip Code City State Zip Code	Include part-time,	•					
Student or homemaker, if it applies. Number Street	or self-employed	work. Emplo	yer's name	Flagstar Bank			
Troy MI 48098 City State Zip Code City State Zip Code How long employed there? 5 Months Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all 2. \$2,488.44 payroll deductions). If not paid monthly, calculate what the monthly wage would be.	student or homen	-inpic	yer's address		e Drive		Number Street
How long employed there? 5 Months Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.							
How long employed there? 5 Months Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.						40000	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.							City State Zip Code
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.		How I	ana amplayad th	oro? 5 Mont	ne		
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.		HOW I	nig employed ti	iere: <u>5 inonti</u>	13		
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1	Part 2: Give I	Details About Mo	onthly Incom	е			
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.				1. If you have noth	ing to repo	rt for any line	, write \$0 in the space. Include your
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. non-filing spouse 2. \$2,488.44	If you or your non-filing	g spouse have more t	han one employe	er, combine the info	ormation fo	r all employe	rs for that person on the lines below. If
payroll deductions). If not paid monthly, calculate what the monthly wage would be.		·			For	Debtor 1	
3. Estimate and list monthly overtime pay. 3. +	payroll deductions				2	\$2,488.44	
		t monthly overtime p	oay.		3. +	\$0.00	
4. Calculate gross income. Add line 2 + line 3. 4. \$2,488.44	4. Calculate gross	income. Add line 2	+ line 3		4	\$2.488.44	

	ill in this inform	ation to identify	y your case:			l			
	Debtor 1	Kristina First Name	Z.A. Middle Name	Hende Last Na		Che		s is: ended filing lement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me			r 13 expenses a ng date:	s of the
	United States Bankro	uptcv Court for the:		RICT OF N	MICHIGAN		MM/D	D / YYYY	
	Case number (if known)						IVIIVI / D	ט/ זווו	
O	fficial Form 10	6J							
S	chedule J: Yo	ur Expenses	i						12/15
nai	rrect information. If me and case numbe	more space is nee	ded, attach anothe er every question.	r sheet to t	ing together, both ar his form. On the top				
1.	Is this a joint case		1014						
2.	✓ No. Go to line ☐ Yes. Does D	e 2. ebtor 2 live in a sep Debtor 2 must file endents?		ormation	s for Separate Housel Dependent's relation Debtor 1 or Debtor	onship		2. Dependent's age	Does dependent live with you?
	Do not state the de names.	pendents'							No -
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes						
P	Part 2: Estima	te Your Ongoin	g Monthly Expe	enses					
to	•	of a date after the l		-	re using this form as supplemental Scheo	-	-	•	
	clude expenses paid ch assistance and h		-	-				Your expens	ses
4.		e ownership exper age payments and a					4	4	\$600.00
	If not included in	line 4:							
	4a. Real estate ta	xes					4	4a	
	4b. Property, hom	eowner's, or renter's	sinsurance				4	4b	
	4c. Home mainter	nance, repair, and u	pkeep expenses				4	4c	
	4d Homeowner's	association or cond	ominium dues					1d	

Debtor 1 Kristina Z.A. Henderson Case number (if known) Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas (See continuation sheet(s) for details) 6a. \$250.00 6b. Water, sewer, garbage collection \$40.00 6c. Telephone, cell phone, Internet, satellite, and (Cell Phone) 6c. \$135.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$500.00 Childcare and children's education costs 8. Clothing, laundry, and dry cleaning (Laundry Soap (Luandromat)) 9. \$120.00 10. Personal care products and services (Hair, Nails, Beauty Supplies) 10. \$110.00 11. Medical and dental expenses (Precriptions) 11. \$40.00 12. Transportation. Include gas, maintenance, bus or train (Fuel) 12. \$360.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. magazines, and books 14. Charitable contributions and religious donations 14 \$220.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance \$300.00 15c 15d. Other insurance. Specify: 15d. **16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 Chevrolet Malibu Payment 17a. \$373.00 17b. Car payments for Vehicle 2 17b 17c. Other. Specify: 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19.

Deb	tor 1	Kristina Z.A. Henderson	Case number (if known)	
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Other	. Specify:	21. +	
22.	Calcu	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$3,048.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2. 22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,048.00
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,101.13
	23b.	Copy your monthly expenses from line 22c above.	23b. _	\$3,048.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$53.13
24.	Do yo	ou expect an increase or decrease in your expenses within the year after yo	ou file this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your morto		
	=	No. Yes. Explain here: See continuation sheet.		

Debtor 1	Kristina Z.A. Henderson	Case number (if known)
6a. Elect	tricity, heat, natural gas (details):		
Elec	tric Bill		\$150.00
Natu	ıral Gas		\$100.00
		Total:	\$250.00

24. Expected increase or decrease in expenses within the year after you file this form:

Debtor is currently marrried but living seperated from her husband. Debtor and husband have obtained joint housing and will be cohabitating in the next couple of weeks along wirth the the non-filing spouses dependents. The budgeted items are what they expect to pay in household utilities when they move in together

Fill in this info	ormation to i	dentify your case	:		
Debtor 1	Kristina First Name	Z.A. Middle Name	Henderson Last Name]	
Debtor 2					
Spouse, if filing)	First Name	Middle Name	Last Name		
	nkruptcy Court fo	or the: EASTERN DIS	STRICT OF MICHIGAN		
Case number (if known)					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: **Summarize Your Assets** Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$9,317.41 1b. Copy line 62, Total personal property, from Schedule A/B..... 1c. Copy line 63, Total of all property on Schedule A/B..... \$9.317.41 **Summarize Your Liabilities** Part 2: Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$13,229.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$115,438.35 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$128,667.35 Your total liabilities Part 3: **Summarize Your Income and Expenses** Schedule I: Your Income (Official Form 106I) \$3,101.13 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) \$3,048.00 Copy your monthly expenses from line 22c of Schedule J.....

Del	otor 1	Kristina Z.A. Henderson Cas	e number (if known)
Р	art 4	Answer These Questions for Administrative and Statistical	Records
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?	
		No. You have nothing to report on this part of the form. Check this box and submit Yes	t this form to the court with your other schedules.
7.	Wha	it kind of debt do you have?	
		Your debts are primarily consumer debts. Consumer debts are those "incurred family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical	
		Your debts are not primarily consumer debts. You have nothing to report on this this form to the court with your other schedules.	s part of the form. Check this box and submit
3.		n the Statement of Your Current Monthly Income: Copy your total current monthle ial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	y income from \$2,279.00
Э.	Сор	y the following special categories of claims from Part 4, line 6 of Schedule E/F	:
			Total claim
	Fror	n Part 4 on Schedule E/F, copy the following:	
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

\$78,939.00

\$78,939.00

Fill in this in	formation to id	entify your case	:	1
Debtor 1	Kristina	Z.A.	Henderson	,
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for	the: EASTERN DIS	TRICT OF MICHIGAN	
Case number (if known)				Check if this is an amended filing
Official Form	106Dec			
	-	dividual Debt	or's Schedules	12/15
You must file this concealing prope	form whenever y	ou file bankruptcy s noney or property by		ules. Making a false statement, pankruptcy case can result in fines up to
Sig	gn Below			
Did you pay	or agree to pay so	omeone who is NOT	an attorney to help you fill o	ut bankruptcy forms?
☑ No				
Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalt true and cor		lare that I have read	the summary and schedules	filed with this declaration and that they are

Signature of Debtor 2

MM / DD / YYYY

Date

X /s/ Kristina Z.A. Henderson
Kristina Z.A. Henderson, Debtor 1

Date <u>04/30/2019</u> MM / DD / YYYY

Debtor 1	Kristina First Name	Z.A. Middle Name	Henderson Last Name		
Debtor 2 (Spouse, if fili	ng) First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	or the: EASTERN DIS	STRICT OF MICHIGAN		
Case number (if known)				Check if this is an amended filing	
Official Fo	rm 107				
	t of Financial	Affairs for Ind	ividuals Filing for Ban	kruptcy	04/19
orrect information our name and	ation. If more spac I case number (if ki	e is needed, attach a nown). Answer every	separate sheet to this form. On the question.	are equally responsible for supplying ne top of any additional pages, write	3
orrect information	ation. If more spac I case number (if ki	e is needed, attach a nown). Answer every	separate sheet to this form. On the	ne top of any additional pages, write	3
orrect information name and	ation. If more space I case number (if kn Give Details About our current marital	e is needed, attach a nown). Answer every out Your Marital S	separate sheet to this form. On the question.	ne top of any additional pages, write	9
Part 1: What is you Marrie Not ma	ation. If more space I case number (if known to be common	e is needed, attach a nown). Answer every out Your Marital S status?	separate sheet to this form. On the question.	ne top of any additional pages, write	9
Part 1: What is you Marrie Not ma	ation. If more space I case number (if known action) and the Give Details About current marital addried arried a last 3 years, have	e is needed, attach a nown). Answer every out Your Marital S status? you lived anywhere o	separate sheet to this form. On the question. Status and Where You Lived	ne top of any additional pages, write	
Part 1: What is you Marrie Not mate. During the Yes. L. Within the (Communic	ation. If more space I case number (if known	e is needed, attach a nown). Answer every out Your Marital Satatus? you lived anywhere of you lived in the last 3 you ever live with a spoon	separate sheet to this form. On the question. Status and Where You Lived other than where you live now? The rears. Do not include where you live ouse or legal equivalent in a comment.	ne top of any additional pages, write	

Deb	ebtor 1 Kristina Z.A. Henderson Case nu				mber (if known)			
P	art 2:	Explain the Sources of Y	our Income					
4.	Fill in th	I have any income from employn e total amount of income you rece re filing a joint case and you have	ived from all jobs and all bu	isinesses, including par	t-time activities.	lendar years?		
	□ No ✓ Yes	s. Fill in the details.						
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions		
		ry 1 of the current year until ı filed for bankruptcy:	✓ Wages, commissions, bonuses, tips	\$9,175.42	Wages, commissions, bonuses, tips			
			Operating a business		Operating a business			
For	the last	calendar year:	₩ Wages, commissions, bonuses, tips	\$8,921.00	Wages, commissions, bonuses, tips			
(Jar	nuary 1 to	December 31,	Operating a business		Operating a business			
For the calendar year before that:		ndar year before that:	✓ Wages, commissions, bonuses, tips					
(Jar	nuary 1 to	December 31, 2017) YYYY	Operating a business		bonuses, tips Operating a business			
5.	Include unemple	receive any other income durin income regardless of whether that byment; and other public benefit panibling and lottery winnings. If you 1.	income is taxable. Examplayments; pensions; rental ir	les of other income are ncome; interest; dividen	ds; money collected from la	awsuits; royalties;		
	List eac	h source and the gross income fro	m each source separately.	Do not include income	that you listed in line 4.			
	☐ No ✓ Yes	s. Fill in the details.						
			Debtor 1		Debtor 2			
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions		
		ry 1 of the current year until I filed for bankruptcy:						
For	the last	calendar year:						
(Jar	nuary 1 to	December 31, 2018)						
For	the cale	ndar year before that:	Unemployment Benef	it \$2,896.00				
		December 31, 2017)						

Deb	otor 1	Kristina Z.A. Henderson		Case number (if kr	nown)					
8.		year before you filed for bankruptcy, did you ed an insider?	u make any payments or	transfer any prope	rty on account of a	a debt that				
	Include	payments on debts guaranteed or cosigned by a	ments on debts guaranteed or cosigned by an insider.							
	▼ No □ Yes	. List all payments that benefited an insider.								
Р	art 4:	Identify Legal Actions, Repossession	ons, and Foreclosur	es						
9.	List all s	year before you filed for bankruptcy, were y uch matters, including personal injury cases, sm tions, and contract disputes.			•	-				
	✓ No ☐ Yes	. Fill in the details.								
10.	seized,	year before you filed for bankruptcy, was ar or levied? Il that apply and fill in the details below.	ny of your property repos	sessed, foreclosed	l, garnished, attacl	hed,				
		Go to line 11. Fill in the information below.								
11.	1. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?									
	✓ No ☐ Yes	. Fill in the details.								
12.		year before you filed for bankruptcy, was ar s, a court-appointed receiver, a custodian, or		possession of an a	assignee for the be	enefit of				
	✓ No ☐ Yes									
Р	art 5:	List Certain Gifts and Contributions	S							
13.	Within 2	? years before you filed for bankruptcy, did yo	ou give any gifts with a to	otal value of more t	han \$600 per pers	on?				
	✓ No ☐ Yes	. Fill in the details for each gift.								
14.	Within 2 to any o	e years before you filed for bankruptcy, did yo charity?	ou give any gifts or contr	ibutions with a tota	I value of more tha	an \$600				
	□ No ✓ Yes	. Fill in the details for each gift or contribution.								
		ributions to charities re than \$600	Describe what you cont Religous Thithe Offer		Date you contributed	Value				
	cellent in	n Praise Word Center			<u>Monthy</u>	\$2,640.00				
	01 Mack					_				
Num	nber Stre	ee t								
Def	toit	MI 48214								

City

State

ZIP Code

Debtor 1 K	ristina Z.A. Hen	nderson	Case number (i	f known)	
Part 6:	List Certain L	osses			
_	ear before you fi ster, or gambling		ptcy or since you filed for bankruptcy, did you lose a	nything because of t	neft, fire,
☑ No ☐ Yes. F	Fill in the details.				
Part 7:	List Certain P	ayments or	Transfers		
anyone yo	ou consulted abo	ut seeking ba	ptcy, did you or anyone else acting on your behalf pankruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required.		
	Fill in the details.				
Summit Finar Person Who Was	ncial Education Paid	ı, Inc.	Description and value of any property transferred Credit Ciunseling	Date payment or transfer was made	Amount of payment
Attn: Custom	er Service		_	04/29/2019	\$14.95
Number Street 4800 E. Flowe	er St.		_		
Tuscon City	AZ State	85712 ZIP Code	_		
www.summit Email or website ad	fe.org		-		
Person Who Made	e the Payment, if Not	You	_		
Parker Law Firm, PLLC Person Who Was Paid			Description and value of any property transferred Pre-File Attorney Fee \$1.00	Date payment or transfer was made	Amount of payment
35 West Huron			_	04/30/2019	\$1.00
Number Street Suite 302			_		_
Pontiac	МІ	48342	_		
City stephen.park Email or website ad	State er.esq@gmail.ddress	ZIP Code	-		
Person Who Made	e the Payment, if Not	You	-		

Deb	tor 1	Kristina Z.A. Henderson	Case number (if known)
17.		1 year before you filed for bankruptcy, did you or anyone else acting who promised to help you deal with your creditors or to make payr	
	Do not	nclude any payment or transfer that you listed on line 16.	
	✓ No ☐ Yes	s. Fill in the details.	
18.		2 years before you filed for bankruptcy, did you sell, trade, or other by transferred in the ordinary course of your business or financial af	
		both outright transfers and transfers made as security (such as granting include gifts and transfers that you have already listed on this statement	
	✓ No	s. Fill in the details.	
19.		10 years before you filed for bankruptcy, did you transfer any prope a beneficiary? (These are often called asset-protection devices.)	rty to a self-settled trust or similar device of which
	✓ No	s. Fill in the details.	
Pá	art 8:	List Certain Financial Accounts, Instruments, Safe De	posit Boxes, and Storage Units
20.		1 year before you filed for bankruptcy, were any financial accounts of closed, sold, moved, or transferred?	or instruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificate, pension funds, cooperatives, associations, and other financial institutio	•
	☑ No □ Yes	s. Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankru urities, cash, or other valuables?	ptcy, any safe deposit box or other depository
	☑ No		
	☐ Yes	s. Fill in the details.	
22.	Have y No	ou stored property in a storage unit or place other than your home v	ithin 1 year before you filed for bankruptcy?
	ب	s. Fill in the details.	
Pá	art 9:	Identify Property You Hold or Control for Someone E	se
23.	-	hold or control any property that someone else owns? Include any in trust for someone.	property you borrowed from, are storing for,
	✓ No ☐ Yes	s. Fill in the details.	

Deb	otor 1	Kristina Z.A. Henderson	Case number (if known)	_
Ρ	art 10:	Give Details About Environmental Information		
For	the purp	pose of Part 10, the following definitions apply:		
-	hazardoı	mental law means any federal, state, or local statute or regulation us or toxic substance, wastes, or material into the air, land, soil, so statutes or regulations controlling the cleanup of these substance.	urface water, groundwater, or other medium,	
		ns any location, facility, or property as defined under any environ or used to own, operate, or utilize it, including disposal sites.	mental law, whether you now own, operate, or	
		us material means anything an environmental law defines as a ha ce, hazardous material, pollutant, contaminant, or similar item.	zardous waste, hazardous substance, toxic	
Rep	oort all n	otices, releases, and proceedings that you know about, regardles	s of when they occurred.	
24.	Has an law?	y governmental unit notified you that you may be liable or potentia	ally liable under or in violation of an environmental	
	✓ No	s. Fill in the details.		
25.	•	ou notified any governmental unit of any release of hazardous ma	terial?	
	✓ No □ Yes	s. Fill in the details.		
26.	Have you	ou been a party in any judicial or administrative proceeding under	any environmental law? Include settlements and	
	✓ No ☐ Yes	s. Fill in the details.		
Ρ	art 11:	Give Details About Your Business or Connections t	o Any Business	
27.	Within busine	- 4 years before you filed for bankruptcy, did you own a business o ss?	r have any of the following connections to any	
		A sole proprietor or self-employed in a trade, profession, or other act A member of a limited liability company (LLC) or limited liability partroperation. A partner in a partnership An officer, director, or managing executive of a corporation. An owner of at least 5% of the voting or equity securities of a corporation.	nership (LLP)	
	ب	None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below for each busi	ness.	
28.		2 years before you filed for bankruptcy, did you give a financial st ncial institutions, creditors, or other parties.	atement to anyone about your business? Include	
	□ No □ Yes	s. Fill in the details below.		

Debtor 1	Kristina Z.A. Henderson	Case number (if known)
Part 12	Sign Below	
that answer	ers are true and correct. I understa	ancial Affairs and any attachments, and I declare under penalty of perjury that making a false statement, concealing property, or obtaining money or by case can result in fines up to \$250,000, or imprisonment for up to 20 years,
X /s/ Kri	stina Z.A. Henderson	X
Kristina	Z.A. Henderson, Debtor 1	Signature of Debtor 2
Date _	04/30/2019	Date
Did you at	tach additional pages to Your State	nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes		
Did you pa	ay or agree to pay someone who is	an attorney to help you fill out bankruptcy forms?
☑ No		
	Name of person	Attach the Bankruptcy Petition Preparer's Notice,
_		Declaration, and Signature (Official Form 119).

F	ill in this inf	ormatior	to identify	your case:							
D	ebtor 1	Kristina First Name	Z.A	le Name	Heno Last N		on				
	ebtor 2										
(S	Spouse, if filing)	First Name	Midd	le Name	Last N	ame					
Uı	nited States Bai	nkruptcy Co	ourt for the: EAS	STERN DIST	TRICT O	F MIC	CHIGAN				
1 -	ase number known)										Check if this is an amended filing
<u>Of</u>	ficial Form	108									
St	atement o	f Intent	ion for Inc	lividuals	Filing	Un	der Chapt	ter 7			12/15
If y	ou are an indiv	idual filing	under chapter	7, you must	fill out th	is for	m if:				
-	creditors have	claims sed	cured by your p	roperty, or							
- :	you have lease	d persona	I property and	the lease has	not expi	red.					
of c		hever is ea	rlier, unless th					etition or by the nust also send o			
	vo married peo th debtors mus	-		a joint case, l	both are e	equal	ly responsible	for supplying co	orrect inf	ormation	1.
add	litional pages,	write your	name and case	e number (if k	(nown).		·	e sheet to this fo	orm. On	the top o	of any
Р			reditors Who								
1.	For any credi fill in the info			t 1 of Sched	ule D: Cre	editor	s Who Hold Cl	laims Secured b	y Proper	y (Offici	al Form 106D),
	Identify the c	reditor and	I the property t	hat is collate	ral		at do you inten perty that secu	d to do with the res a debt?		-	claim the property pt on Schedule C?
	Creditor's name:	AmeriC	Credit/GM Fina	ancial			Surrender the Retain the pro	property. perty and redeem		□ No □ Yes	
	Description of		hevrolet Malil	ou (approx.	75,000	$\overline{\mathbf{A}}$		Retain the property and enter into a Reaffirmation Agreement.		_	
	property securing debt	miles)						operty and [explain]:			
Р	art 2: Lis	t Your U	nexpired Per	rsonal Pro	perty Le	ese	S				
fill i	in the informati	ion below.	Do not list rea	l estate lease	es. Unexp	oired	leases are leas		in effect;	the leas	(Official Form 106G), se period has not (p)(2).
	Describe you	r unexpire	d personal pro	perty leases					w	II this le	ase be assumed?
	Lessor's name Description of property:		ornerstone C urniture Leas						□	No Yes	

Debto	or 1 Kristina Z.A	. Henderson		Case number (if known)	
ı	Describe your unexp	ired personal property leas	ses		Will this lease be assumed?
I	Lessor's name:	Progressive Finance			□ No
Description of leased Television Installment Poproperty:			Purchase		Yes Yes
Pai	rt 3: Sign Belo	w			
		ry, I declare that I have ind is subject to an unexpired	icated my intention about any lease.	property of my estate th	at secures a debt and
X <u>/s</u>	/ Kristina Z.A. Hend	derson	X		
Kr	ristina Z.A. Henderson	, Debtor 1	Signature of Debtor 2		
Da	ate 04/30/2019 MM / DD / YYYY	_	Date MM / DD / YYYY		

UNITED STATES BANKRUPTCY COURT FASTERN DISTRICT OF MICHIGAN / DETROIT DIVISION

In re: Kristina Z.A. Henderson	ERN DISTRICT OF MICHIGAN	Case No Chapter Hon	
<u>s</u>	TATEMENT OF ATTORNEY FO		
The undersigned, pursuant to F.R	.Bankr.P. 2016(b), states that:		
I. The undersigned is the attorney fo			
	to be paid by the Debtor(s) to the unde	ersigned is: [Check one]	
✓ FLAT FEE	n contemplation of and in connection w		
	ainst the retainer at an hourly rate of or all Court approved fees and expenses		
3 of the filing fee ha	as been paid.		
 [Cross out any that do not apply.] A. Analysis of the debtor's finance bankruptcy; B. Preparation and filing of any preparation of the debtor 	ee, I have agreed to render legal service it is ituation, and rendering advice to the petition, schedules, statement of affairs at the meeting of creditors and confirm in adversary proceedings and other co	ne debtor in determining v and plan which may be r ation hearing, and any ac	whether to file a petition in required;
 By agreement with the debtor(s), t Representation of the Debtor in Representation of the Debtor at Reaffirmations. Redemptions. 		de the following services:	
 The source of payments to the unit A. Debtor(s)' earnings, wages B. Other (describe, including 	s, compensation for services performe	d	
——————————————————————————————————————	or agreed to share, with any other persetion paid or to be paid except as follow		pers of the undersigned's law
Dated: 4/30/2019	/s/ Stephen	D. Parker	
Agreed: /s/ Kristina Z.A. Henderson Kristina Z.A. Henderson	Stephen D. Parker Law 35 West Hu Suite 302 Pontiac, MI Phone: (24	Parker Firm, PLLC Iron	Bar No. 209038 456-0780

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN DETROIT DIVISION

IN RE: Kristina Z.A. Henderson CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date .	4/30/2019	Signature /s/ Kristina Z.A. Henderson Kristina Z.A. Henderson
Date .		Signature

/s/ Stephen D. Parker

Stephen D. Parker 209038 Parker Law Firm, PLLC 35 West Huron Suite 302 Pontiac, MI 48342 (248) 977-3037 Afni, Inc 1310 MLK Drive P.O. Box 3427 Bloomington, IL 61702-3427

Allstate Credit Bureau Attn: Bankruptcy 19315 W 10 Mile Rd Southfield, MI 48075

AmeriCredit/GM Financial Attn: Bankruptcy PO Box 183853 Arlington, TX 76096

Comcast Corp.
Customer Service Department
1500 Market Street
Philadelphia, PA 19102

Consumers Energy Attn: Bankruptcy Department 4600 Coolidge Hwy Royal Oak, MI 48073

Department of Education/Nelnet Attn: Claims PO Box 82505 Lincoln, NE 68501

DTE Energy 1 ENERGY PLZ # WCB2106 Detroit, MI 48226

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

Fifth Third Bank Attn: Bankruptcy 35 Fountain Square Plaza Cincinnati, OH 45263 First Loan P.O. Box 14504 Santa Rosa, CA95402

Helvey & Associates 1029 East Center St Warsaw, IN 46580

Hunter Warfield Attention: Bankruptcy 4620 Woodland Corporate Blvd Tampa, FL 33614

J.J. Marshall & Associates Attn: Bankruptcy 28820 Mound Rd Warren, MI 48092

Jefferson Capital Systems, LLC PO Box 1999 Saint Cloud, MN 56302

Kornerstone Credit, LLC 1111 Draper Parkway Suite 200 Draper, UT 84020

Kristina Z.A. Henderson 10645 Peerless Detroit, MI 48224

Michigan Department of Treasury Attn: Bankruptcy Department P.O. Box 30168 Lansing, MI 48909

Michigan Office of the Attorney General Cadillac Place, 10th Floor 3030 W. Grand Blvd., Ste. 10-200 Detroit, MI 48202 Navient Attn: Bankruptcy PO Box 9000 Wiles-Barr, PA 18773

Nelnet Attn: Claims PO Box 82505 Lincoln, NE 68501

Parker Law Firm, PLLC 28 West Huron Suite 302 Pontiac, MI 48342

Progressive Finance 256 W. Data Drive Suite 100 Draper, UT 84020-2315

Receivables Performance Mgmt Attn: Bankruptcy PO Box 1548 Lynnwood, WA 98036

Resurgent Capital Services PO Box 10587 Greenville, SC 29603

U.S. Department of Education National Payment Center P.O. Box 105028 Atlanta, GA 30348-5028

United States Attorney Attn: Civil Division 211 West Fort Street Ste. 2001 Detroit, MI 48226

Valley View Apts. c/o Patrick Dykstra 2010-44th St. SE Grand Rapids, MI 49508 Wayn St Univ Room 214 A S B 2 Detroit, MI 48202

Zoca loans PO Box 1147 27565 Research Park Dr Mission, SD 57555